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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/505,354

Filing Date

August 19, 2004

First Named Inventor

HUBERT OTT and THOMAS GRAU

Art Unit

3753

Examiner Name

Craig M. Schneider

Attorney Docket Number

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

William D. Breneman, Esq.; BRENEMAN & GEORGES

Signature

Printed name

William D. Breneman

Date

December 11, 2006

Reg. No.

26,714

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

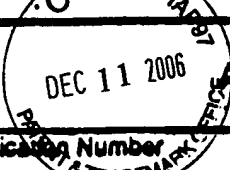
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 AMENDMENT TRANSMITTAL LETTER			Docket Number	
Application Number 107505,354	Filing Date August 19, 2004	Examiner Craig M. Schneider		Group Art Unit 3753
Invention Title ELECTROMAGNETIC VALVE				

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above - identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.
- ☒ No additional fee is required.
- ☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	30	minus	30	0	x \$12	0
INDEPENDENT CLAIMS	3	minus	3	0	x \$36	0
MULTIPLE DEPENDENT CLAIM ADDED					\$120	
					TOTAL	\$
If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL	\$

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".

*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".


The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ☐ Please charge Deposit Account Number _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number 02-3702.
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

December 11, 2006

(Date)


 William D. Breneman
 Reg. No. (signature) 26,714

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